US Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



1 File Number U 9726

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

	1/1/04 Through 12/31/04	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Thor Hester	Name Teamsters Local No. 743	
	Labor Organization File Number 034 094	
PO Box Bldg Room No If any	PO Box Building and Room Number if any	
Street 1535 Park Ave	Street 4620 S. Tripp Ave:	
City River Forest	City Chicago ,	
State ZIP Code + 4 60305	State Illinois ZIP Code + 4 60632	
5 Position in labor organization Business R	epresentative	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of		
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizati		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name if any		
PO Box Bldg Room No If any		
Street	7 b Amount.	
City		
State ZIP Code + 4		
Sign	ature Thom 5 Hester	
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct, and complete (See the se	ring documents) has been examined by the signatory and is to the best of the	
Signed Tho Stester	On 8=12=04 773-254-7460 Date Telephone Number	
En. 1 M 30 (2002)	- · · · · · · · · · · · · · · · · · · ·	

THOI RESCEI	The realization of		
B Haid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer		
Name BIVE CROSS BIVE Sheel D Trade Name If any PO Box Bldg Room No If any	11 a Nature of such dealing	ech	
Street 300 F. RANDOIPL	11 b Approximate dollar value of such dealing	400	
City Chicago	12 a Nature of interest held or income received	_	
State 7 (ZIP Code + 4 6 0 6 0 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	
	12 b Amount	530 O	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	`x_	
Name		The service of the se	
Trade Name if any		- 4	
PO Box Bldg Room No If any		1 4	
Street	l i	۸.	
		!	
City) se vi	
State ZIP Code + 4	*1) ,	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004

Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted

Tho destu

Date